



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR ARCHITECT LICENSURE INSTRUCTION SHEET

Selecting Type of Application

The application form asks you to select the type of application you are filing. The type you select determines what documentation you are required to submit.

- If you are filing an application for your first Delaware Architect license, the application form asks you to select the type of application you are filing from the following choices:
 - Examination
 - Reciprocity (four options)
 - Direct Application
- If you previously held a Delaware Architect license that has terminated (that is, you cannot renew it), you must reapply for licensure. For reapplication, your choices are Reciprocity (four options) and Direct Application.

Use the following table to decide which application type applies in your situation. Then refer to the requirements for that type in the sections below.

Note: Jurisdiction means state, U.S. territory or District of Columbia.

IF you...	THEN the type of application is:
<ul style="list-style-type: none"> • need to take the Architect Registration Examination (ARE), or • have a pending application on file with the Delaware Board and need to update it because you've now passed all divisions of the ARE 	Examination
hold a current NCARB Certificate	Reciprocity
<ul style="list-style-type: none"> • hold a <i>current</i> license in good standing in another jurisdiction, and • have held the license in that jurisdiction at least 13 years. 	Reciprocity
<ul style="list-style-type: none"> • hold a <i>current</i> license in good standing in another jurisdiction, and • have held the license for at least five years, and • have a NAAB-accredited degree. 	Reciprocity
<p>hold a current license in good standing in another jurisdiction where the standards for licensure are substantially similar to those of Delaware.</p> <p>Note: The Board will determine whether the standards are substantially similar at a regularly scheduled Board meeting. If the standards are <i>not</i> substantially similar, you may apply by another Reciprocity option or by Direct Application.</p>	Reciprocity
<p>have already passed the ARE and one of the following is true:</p> <ul style="list-style-type: none"> • none of the four Reciprocity items above applies to you, or • you prefer to apply by Direct Application instead of Reciprocity 	Direct Application

Requirements for All Applications

It is the applicant's responsibility to arrange for the Board to receive all required documents. If clarification is needed, the Board may request additional information or documents. To ensure consideration of your license application at the next Board meeting, the Board office must receive the required documents no later than 4:30 PM ten full working days before the Board's [meeting date](#).

The following requirements are for all applications for Architect licensure.

- ☐ Submit a completed, signed, notarized [Application for Architect Licensure](#).
- ☐ Submit the required fee by check or money order made payable to "State of Delaware." The fee amount depends on whether you are applying for your first Delaware license or you previously held a Delaware license and are reapplying.
 - If you are filing an initial application, enclose the non-refundable [processing fee](#).
 - If you are reapplying, enclose the [reapplication fee](#).
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional requirements depend on the type of application you are filing. Follow the instructions in the **Selecting Type of Application** section above. Then refer to the section for the type of application below.

Additional Requirement to Apply by Examination

If you are applying to sit for the [Architect Registration Examination \(ARE\)](#), the following requirement is in addition to the requirements in the **Requirements for All Applications** section above,

- ☐ Arrange for the Board office to receive the [Intern Development Program \(IDP\) file](#) sent from NCARB *directly* to the Board office.

When the Board has approved you to sit for the examination, the Board office will notify you and NCARB. You will then schedule the divisions directly with [NCARB](#). You have five years, starting with the date you sit for and pass the first division, to complete all divisions of the battery.

When you pass all divisions of the ARE, you must submit another application form and processing fee to update your licensure records. The Board will then review your application for licensure.

Additional Requirements to Apply/Reapply by Reciprocity

There are four options for applying or reapplying for a reciprocal license. The option you select determines the requirement(s) that apply in addition to the requirements in the **Requirements for All Applications** section above.

- ☐ Select any one of the following four options that applies to you and submit the documentation required for that option. However, if more than one applies, it is suggested that you select the option with the simplest documentation requirement.

IF you hold a...	THEN arrange for the Board office to receive these item(s):
<i>current</i> NCARB certificate	<input type="checkbox"/> NCARB Certificate sent <i>directly</i> from NCARB to the Board office. To request the Certificate, see Certification and Reciprocity on NCARB's website.
<i>current</i> architect license in good standing in another jurisdiction and you have held the license in that jurisdiction at least 13 years	<input type="checkbox"/> letter of good standing (license verification) from each jurisdiction where you now hold, or have ever held, a license to practice architecture, sent directly from the jurisdiction to the Board office.
<i>current</i> architect license in good standing in another jurisdiction, you have held the license in that jurisdiction at least five years, and you have a degree accredited by the National Architectural Accrediting Board (NAAB)	<input type="checkbox"/> letter of good standing (license verification) from each jurisdiction where you now hold, or have ever held, a license to practice architecture, sent <i>directly</i> from the jurisdiction to the Board office <input type="checkbox"/> transcript sent <i>directly</i> from your college/university to the Board office.
<i>current</i> architect license in good standing from a jurisdiction whose standards for licensure are substantially similar to those of Delaware	<input type="checkbox"/> letter of good standing (license verification) from each jurisdiction where you now hold, or have ever held, a license to practice architecture, sent directly from the state to the Board office <input type="checkbox"/> copy of the statute and regulations from the jurisdiction where you are currently licensed. The Board will evaluate the statute and regulations from the jurisdiction to determine whether its standards are substantially similar to Delaware's standards. If the standards are not substantially similar, you may apply by another Reciprocity option or by Direct Application.

- ☐ If you previously held a Delaware license and are now reapplying by Reciprocity, submit proof of 24 hours of continuing education completed during the previous two years.

Additional Requirements to Apply/Reapply by Direct Application

If you cannot qualify for licensure by Examination or Reciprocity, you must apply or reapply by Direct Application. You may also apply or reapply by Direct Application if you prefer not to apply by Reciprocity. These requirements are in addition to the requirements in the **Requirements for All Applications** section above.

- ☐ Arrange for the Board office to receive an official transcript sent *directly* from your college/university to the Board office. The transcript must show that you received a Bachelor or Masters of Architecture degree from a program accredited by the National Architectural Accrediting Board (NAAB).
- ☐ Arrange for the Board office to receive a [Verification of Employment](#) form from each employer listed in the **PRACTICE EXPERIENCE** section of the application.
- ☐ Arrange for the Board office to receive a letter of good standing (license verification) from *each* jurisdiction where you now hold, or have ever held, a license to practice architecture, sent *directly* from the jurisdiction to the Board office.
- ☐ If you previously held a Delaware license and are now reapplying, submit proof of 24 hours of continuing education completed during the previous two years.

☐ Provide **one** of the following:

☐ Intern Development Program (IDP) file sent from [NCARB](#) to the Board office, **or**

☐ [Request for Waiver of IDP](#) form. You may request an IDP waiver when you:

- hold a current license in good standing from a U.S. state or Canadian province, and
- practiced architecture for at least five years immediately before applying for a Delaware license

The practice documentation must be acceptable to the Board. For more information, see Section 5.0 of the Board's [Rules and Regulations](#) and the [Request for Waiver of IDP](#) form.



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APPLICATION FOR ARCHITECT LICENSURE

TYPE OF APPLICATION

1. Select the item that describes your situation (check one):

- ☐ Initial Application – I am applying for my first Delaware license.
- ☐ Reapplication – I previously held a Delaware license that has terminated. Enter license number: _____

Submit proof of 24 hours of continuing education completed during the previous two years.

2. Check the type of application you are filing. See the Instruction Sheet for help on selecting the correct item.

- ☐ Examination – check the item that describes your situation:

☐ I am applying to sit for the ARE.

Arrange for NCARB to send your Intern Development Program (IDP) file to the Board office.

☐ I already have a pending application on file with the Delaware Board. I have now passed all divisions of the ARE, and I am submitting this form to update my prior application.

- ☐ Reciprocity – I hold a *current* NCARB Certificate.

Arrange for NCARB to make your file available to the Board office.

- ☐ Reciprocity – I hold a *current* license in good standing in another jurisdiction **and** have held the license in that jurisdiction at least 13 years.

- ☐ Reciprocity – I hold a *current* license in good standing in another jurisdiction, I have held the license in that jurisdiction for at least five years, **and** I have a NAAB-accredited degree.

- ☐ Reciprocity – I hold a current license in good standing in another jurisdiction where the standards for licensure are substantially similar to those of Delaware.

Arrange for the Board office to receive a copy of the statute and regulations from the jurisdiction where you are currently licensed.

- ☐ Direct Application – I have already passed the ARE **and** one of the following:

- I do not qualify by any of the Reciprocity items above, **or**
- I prefer to apply by Direct Application instead of Reciprocity

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Name: _____
Last/Family First Middle

4. Other Names Used: ☐ None _____

5. Date of Birth: _____ Gender: Male ☐ Female ☐

6. Do you have a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

If you need more room, you may copy this page.

PRACTICE EXPERIENCE – Complete this section ***only if*** you are applying or reapplying by Direct Application.

11. Complete the requested information about your practice experience *for the past five years*.

- List only employers through which you are claiming experience.
- List each period of continuous employment separately even if for the same employer.
- If any conditions of employment changed (e.g., full-time/part-time status, type of firm), list each period separately.
If you need more room, you may copy this page.

Employer/Firm Name: _____			
Employer Address: _____			
_____		City	State
_____		_____	Zip
Employment Dates: _____			
From		To	From
_____		_____	To
Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Enter hours per week: _____			
Check all that apply:			
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Employee with Architect Supervisor	<input type="checkbox"/> Employee without Architect Supervisor	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Partner or Corporate Officer	<input type="checkbox"/> Architect of Record	
<input type="checkbox"/> Construction	<input type="checkbox"/> Teaching or Research	<input type="checkbox"/> Planning/Landscape Int.	
	<input type="checkbox"/> Architect or Design/Build	<input type="checkbox"/> Other	

Employer/Firm Name: _____			
Employer Address: _____			
_____		City	State
_____		_____	Zip
Employment Dates: _____			
From		To	From
_____		_____	To
Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Enter hours per week: _____			
Check all that apply:			
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Employee with Architect Supervisor	<input type="checkbox"/> Employee without Architect Supervisor	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Partner or Corporate Officer	<input type="checkbox"/> Architect of Record	
<input type="checkbox"/> Construction	<input type="checkbox"/> Teaching or Research	<input type="checkbox"/> Planning/Landscape Int.	
	<input type="checkbox"/> Architect or Design/Build	<input type="checkbox"/> Other	

Employer/Firm Name: _____			
Employer Address: _____			
_____		City	State
_____		_____	Zip
Employment Dates: _____			
From		To	From
_____		_____	To
Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Enter hours per week: _____			
Check all that apply:			
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Employee with Architect Supervisor	<input type="checkbox"/> Employee without Architect Supervisor	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Partner or Corporate Officer	<input type="checkbox"/> Architect of Record	
<input type="checkbox"/> Construction	<input type="checkbox"/> Teaching or Research	<input type="checkbox"/> Planning/Landscape Int.	
	<input type="checkbox"/> Architect or Design/Build	<input type="checkbox"/> Other	

Arrange for the Board office to receive *Verification of Employment* forms from each employer you list above.

DISCLOSURES – All applicants complete this section.

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).**
13. Are criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
14. Have you been denied registration in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a list that provides date(s), jurisdiction(s) and details, including the basis for the action against you and result of any appeal.**
15. Have you received any administrative penalty (discipline) regarding your practice of your profession such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions a Board has placed on your professional conduct and practice, including the voluntary surrender of a license? Yes ☐ No ☐ **If yes, enclose a list that provides date(s), jurisdiction(s) and details. Include the basis for the action against you and result of any appeal.**
16. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ **If yes, submit a letter explain fully.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application for licensure is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I am aware that the Board's statute and rules and regulations are both available on the Board's website at dpr.delaware.gov. I am aware that it is my responsibility to obtain a copy and be familiar with the content of the statute and rules and regulations.

I, the undersigned, being duly sworn, upon my oath depose and say that I am the person making the foregoing statements and that they are made in good faith and are true in every respect.

Applicant Signature: _____ **Date:** _____

County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____, 2_____

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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VERIFICATION OF EMPLOYMENT

INSTRUCTION

When applying by Direct Application, arrange for the Board office to receive a [Verification of Employment](#) form from each employer listed in the **PRACTICE EXPERIENCE** section of the application. A separate form is required for each period of full-time or part-time employment.

APPLICANT INFORMATION – *The applicant completes this section.*

1. Applicant Name: _____
2. Mailing Address: _____
Street City State Zip
3. Employer: _____
4. Employer Address: _____
Street City State Zip
5. Provide the following information about your employment by the employer named above.

DATES OF EMPLOYMENT						STATUS <i>Check One</i>		% OF TIME SPENT IN EACH PRACTICE CATEGORY																			
From			To			Hours per week	Partner	Corporate Director	Employee	Other (Explain)	Programming	Site & Environmental Analysis	Schematic Design	Engineering Systems Coordination.	Building Cost Analysis	Code Research	Design Development	Construction Documents	Specs & Materials Research	Document Checking & Coordination	Bidding Procedures	Construction Phase-Office	Construction Phase - Observation	Project Management	Office Management	Professional& Community Services	Teaching or Research
Mo	Day	Yr	Mo	Day	Yr																						

6. Check all services rendered by the employer named:

<input type="checkbox"/> Architecture	<input type="checkbox"/> Planning	<input type="checkbox"/> Construction Management
<input type="checkbox"/> Engineering	<input type="checkbox"/> Construction	<input type="checkbox"/> Interior Design/Contract Interiors
<input type="checkbox"/> Other: _____		

7. Enter the name of your **daily supervisor** at the employer named above: _____
 Check the item that best describes your supervisor:

<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Planner	<input type="checkbox"/> Registered Landscape Architect
<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Interior Designer
<input type="checkbox"/> Other: _____		

I hereby authorize the Board to inquire of the employer named below in regard to my background and character. I invite full and complete response to all inquiries. I release said employer from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board. I hereby certify that all information that I have provided or attached is correct.

Applicant Signature: _____ **Date:** _____

The person named above is applying for Delaware Architect licensure. To assess the applicant's professional qualifications, the Board requires verification of the extent, diversity and quality of his/her practical training and experience. Please complete the information below with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice architecture. This information is compiled for use of the Board. Unless required by a Court order, we do not divulge to the applicant any of the information contained herein.

EMPLOYER INFORMATION – The applicant's **daily supervisor** at the employer named above completes this section.

1. Your Name: _____
2. Does (or did) the applicant work under your direct supervision while with the employer named in Item 3 above?
Yes ☐ No ☐ If no, clarify: _____
3. Are you registered to practice Architecture in the jurisdiction that the applicant entered in Item 4 above? Yes ☐ No ☐
If yes, enter the date when you were initially registered in the jurisdiction.
4. Are you *currently* with the employer named in Item 3 above? Yes ☐ No ☐
 - If yes, what is your position in relation to the employer? _____
 - If no, enter the following about your *current* employment or self-employment:
Employer: _____ ☐ Self
Employer Address: _____

Street
City
State
Zip

What is your position in relation to this employer? _____
5. Please review the information the applicant provided in Item 5 above and answer the following questions:
Are the experiences he/she checked correct? Yes ☐ No ☐ If no, clarify: _____

 Is the other information correct? Yes ☐ No ☐ If no, explain what is incorrect: _____

6. To the best of your knowledge, indicate the applicant's ability by placing an "X" in the appropriate spaces below. If you checked the unsatisfactory box for either technical competence or professional conduct, please submit a letter of explanation with this form.

	PERFORMANCE ON MOST RECENT DATE OF EMPLOYMENT					PERFORMANCE ON DATE OF THIS REPLY				
	Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer	Excellent	Satisfactory	Marginal	Unsatisfactory	Not Qualified to Answer
TECHNICAL COMPETENCE										
PROFESSIONAL CONDUCT										

CERTIFICATION

I hereby certify that all information I have provided on this form or attached is correct:

Supervisor Signature: _____ **Date:** _____

SEND COMPLETED FORM DIRECTLY THE BOARD OFFICE AT THE ADDRESS ABOVE. THE BOARD WILL ACCEPT ONLY ORIGINAL, SIGNED FORMS. INCOMPLETE FORMS WILL BE RETURNED.



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REQUEST FOR WAIVER OF INTERN DEVELOPMENT PROGRAM (IDP)

INSTRUCTION

The Intern Development Program (IDP) is a requirement for all applicants for initial Delaware licensure.

File this form to request a waiver of the IDP requirement if you:

- hold a current license in good standing from a U.S. jurisdiction or Canadian province, **and**
- have at least five years of architecture practice acceptable to the Board immediately before you applied for a Delaware license.

1. Name: _____
Last/Family First Middle

2. Mailing Address: _____
Street

City State Zip

3. Phone: _____ Email: _____
Home Work

4. Enter the following information about the jurisdiction on which you are basing your request for a waiver of the IDP requirement:

Jurisdiction of Licensure: _____ License Number: _____

Issue/Effective Date: _____ Expiration Date: _____

Arrange for the Board office to receive a letter of good standing (license verification) from the above jurisdiction, sent directly from the jurisdiction to the Board office.

CERTIFICATION

I understand that it is my responsibility to arrange for verification of licensure to be sent from the above jurisdiction to the Delaware Board of Architects and that the Board will not consider this request for a waiver until it has received the supporting documentation.

Signature: _____ **Date:** _____